

# Gap Sheet

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ DATES OF EMPLOYMENT: FROM \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR TO \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR  
 ADDRESS: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
 MONTHLY SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
 PAYROLL TITLE: \_\_\_\_\_ LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_  
 PART TIME: YES \_\_\_\_\_ NO \_\_\_\_\_ AVERAGE HOURS WORKED PER WEEK \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL / TRADES

CLERICAL / TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ DATES OF EMPLOYMENT: FROM \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR TO \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR  
 ADDRESS: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
 MONTHLY SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
 PAYROLL TITLE: \_\_\_\_\_ LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_  
 PART TIME: YES \_\_\_\_\_ NO \_\_\_\_\_ AVERAGE HOURS WORKED PER WEEK \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL / TRADES

CLERICAL / TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ DATES OF EMPLOYMENT: FROM \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR TO \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR  
 ADDRESS: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
 MONTHLY SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
 PAYROLL TITLE: \_\_\_\_\_ LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_  
 PART TIME: YES \_\_\_\_\_ NO \_\_\_\_\_ AVERAGE HOURS WORKED PER WEEK \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL / TRADES

CLERICAL / TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.

REASON FOR LEAVING: \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE. PLACE THE SHEET INSIDE THE APPLICATION.

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Department of Central Management Services at 217-782-6921 or TDD 217-524-1383.